Form **1040** Department of the Treasury—Internal Revenue Service (99)
**U.S. Individual Income Tax Return** **2011** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20 See separate instructions.

| Your first name and initial | Last name | Your social security number |
|---|---|---|
| Deirdre | | |
| If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| | | |
| Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | ▲ Make sure the SSN(s) above and on line 6c are correct. |
| 2 | | |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). | | **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse |
| , GA 3 | | |
| Foreign country name | Foreign province/county | Foreign postal code |

## Filing Status

Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

## Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . — Boxes checked on 6a and 6b: 1
b ☐ Spouse
c Dependents:

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if child under age 17 qualifying for child tax credit (see instructions) |
|---|---|---|---|
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

No. of children on 6c who:
• lived with you: 0
• did not live with you due to divorce or separation (see instructions): 0
Dependents on 6c not entered above: 0

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | | | | |
|---|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 7 | 0 00 |
| 8a | **Taxable** interest. Attach Schedule B if required | | 8a | |
| b | **Tax-exempt** interest. **Do not** include on line 8a | 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | | 9a | |
| b | Qualified dividends | 9b | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | | 10 | |
| 11 | Alimony received | | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | | 12 | |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ | | 13 | |
| 14 | Other gains or (losses). Attach Form 4797 | | 14 | |
| 15a | IRA distributions | 15a 0 00 — b Taxable amount | 15b | 0 00 |
| 16a | Pensions and annuities | 16a 0 00 — b Taxable amount | 16b | 0 00 |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 17 | |
| 18 | Farm income or (loss). Attach Schedule F | | 18 | |
| 19 | Unemployment compensation | | 19 | |
| 20a | Social security benefits | 20a — b Taxable amount | 20b | |
| 21 | Other income. List type and amount | | 21 | 0 00 |
| 22 | Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | | 22 | |

## Adjusted Gross Income

| | | | |
|---|---|---|---|
| 23 | Educator expenses | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid **b** Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | |
| 34 | Tuition and fees. Attach Form 8917 | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 through 35 | | |

## Tax and Credits

| | | | |
|---|---|---|---|
| 38 | Amount from line 37 (adjusted gross income) | | 0 00 |
| 39a | Check if: ☐ **You** were born before January 2, 1947, ☐ Blind. ☐ **Spouse** was born before January 2, 1947, ☐ Blind. **Total boxes checked** ▶ 39a | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐ | | |
| 40 | **Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin) | | 5,800 00 |
| 41 | Subtract line 40 from line 38 | | -5,800 00 |
| 42 | **Exemptions.** Multiply $3,700 by the number on line 6d | | 3,700 00 |
| 43 | **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | | 0 00 |
| 44 | **Tax** (see instructions). Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐ 962 election | | 0 00 |
| 45 | **Alternative minimum tax** (see instructions). Attach Form 6251 | | |
| 46 | Add lines 44 and 45 ▶ | | |
| 47 | Foreign tax credit. Attach Form 1116 if required | 47 | |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 | 48 | |
| 49 | Education credits from Form 8863, line 23 | 49 | |
| 50 | Retirement savings contributions credit. Attach Form 8880 | 50 | |
| 51 | Child tax credit (see instructions) | 51 | |
| 52 | Residential energy credits. Attach Form 5695 | 52 | |
| 53 | Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐ | 53 | |
| 54 | Add lines 47 through 53. These are your **total credits** | | 0 00 |
| 55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶ | | 0 00 |

**Standard Deduction for—**
- People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $5,800

Married filing jointly or Qualifying widow(er), $11,600

Head of household, $8,500

## Other Taxes

| | | | |
|---|---|---|---|
| 56 | Self-employment tax. Attach Schedule SE | | |
| 57 | Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919 | | |
| 58 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | | |
| 59a | Household employment taxes from Schedule H | | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | | |
| 60 | Other taxes. Enter code(s) from instructions | | |
| 61 | Add lines 55 through 60. This is your **total tax** ▶ | | 0 00 |

## Payments

| | | | |
|---|---|---|---|
| 62 | Federal income tax withheld from Forms W-2 and 1099 | 62: 497 47 | |
| 63 | 2011 estimated tax payments and amount applied from 2010 return | 63 | |
| 64a | **Earned income credit (EIC)** | 64a | |
| b | Nontaxable combat pay election 64b | | |
| 65 | Additional child tax credit. Attach Form 8812 | 65 | |
| 66 | American opportunity credit from Form 8863, line 14 | 66 | |
| 67 | First-time homebuyer credit from Form 5405, line 10 | 67 | |
| 68 | Amount paid with request for extension to file | 68 | |
| 69 | Excess social security and tier 1 RRTA tax withheld | 69 | |
| 70 | Credit for federal tax on fuels. Attach Form 4136 | 70 | |
| 71 | Credits from Form: **a** ☐ 2439 **b** ☐ 8839 **c** ☐ 8801 **d** ☐ 8885 | 71 | |
| 72 | Add lines 62, 63, 64a, and 65 through 71. These are your **total payments** ▶ | | 497 47 |

If you have a qualifying child, attach Schedule EIC.

## Refund

| | | | |
|---|---|---|---|
| 73 | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid** | | 497 47 |
| 74a | Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐ | | 497 47 |
| ▶ b | Routing number ▶ c Type: ☐ Checking ☐ Savings | | |
| ▶ d | Account number | | |
| 75 | Amount of line 73 you want **applied to your 2012 estimated tax** ▶ | 75 | |

Direct deposit? See instructions.

## Amount You Owe

| | | | |
|---|---|---|---|
| 76 | **Amount you owe.** Subtract line 72 from line 61. For details on how to pay, see instructions ▶ | | |
| 77 | Estimated tax penalty (see instructions) | 77 | |

## Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

## Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| [signature] | 4/15/12 | | 770 |
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection |

Form **4852**
(Rev. December 2010)
Department of the Treasury
Internal Revenue Service

# Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

OMB No. 1545-0074

1 Name(s) shown on return
Deirdre

2 Your social security number

3 Address
2 , GA 3

4 **Enter year in space provided and check one box.** For the tax year ending December 31, 2011
I have been unable to obtain (or have received an incorrect) ☐ Form W-2 **OR** ☒ Form 1099-R.
I ~~have notified~~ hereby notify the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code
[redacted]

6 Employer's or payer's identification number (if known)
[redacted]

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

| | | | | |
|---|---|---|---|---|
| a | Wages, tips, and other compensation | | g | State income tax withheld | |
| b | Social security wages | | | (Name of state) | |
| c | Medicare wages and tips | | h | Local income tax withheld | |
| d | Advance EIC payment | | | (Name of locality) | |
| e | Social security tips | | i | Social security tax withheld | |
| f | Federal income tax withheld | | j | Medicare tax withheld | |

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

| | | | | | |
|---|---|---|---|---|---|
| a | Gross distribution | 0.00 | f | Federal income tax withheld | 497.47 |
| b | Taxable amount | 0.00 | g | State income tax withheld | |
| c | Taxable amount not determined | ☐ | h | Local income tax withheld | |
| d | Total distribution | ☐ | i | Employee contributions | |
| e | Capital gain (included in line 8b) | | j | Distribution codes | |

9 How did you determine the amounts on lines 7 and 8 above?
Records provided by payer listed above

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None

**Sign Here**
Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶ Deirdre Date ▶ 4/15/12